



Medicare Summary Notice

March 12, 1998

BENEFICIARY NAME
STREET ADDRESS
CITY, STATE ZIP CODE

HELP STOP FRAUD: Beware of telemarketers offering free or discounted Medicare items or services.

CUSTOMER SERVICE INFORMATION

Your Medicare Number: 111-11-1111A

If you have questions, write or call:

Medicare
555 Medicare Blvd.
Suite 200
Medicare Building
Medicare, US XXXXX-XXXX

Local: (XXX) XXX-XXXX

Toll-free: 1-800-XXX-XXXX

TTY for Hearing Impaired: 1-800-XXX-XXXX

This is a summary of claims processed on 03/12/1998.

PART A HOSPITAL INSURANCE - INPATIENT CLAIMS

Dates of Service	Benefit Days Used	Non- Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
Claim number 12435-84956-84556-45621 Medicare Hospital, 123 Eastern Circle, Dallas, TX 75209 Referred by: Paul Jones, M.D. 02/15/98-02/20/98					
	1 day	\$0.00	\$0.00	\$0.00	a

Notes Section:

a Medicare paid all covered services not paid by other insurer.

Deductible Information:

You have met the Part A deductible for this benefit period.

You have met the blood deductible for 1998.

General Information:

If you were offered free items or services but Medicare was billed, please call your local Customer Service at (XXX) XXX-XXXX.

THIS IS NOT A BILL - Keep this notice for your records.

Your Medicare Number: 111-11-1111A

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Appeals Information - Part A (Inpatient)

If you disagree with any claims decision on this notice, you can request an appeal by May 12, 1998.

Follow the instructions below:

- 1) Circle the item(s) you disagree with and explain why you disagree.
- 2) Send this notice, or a copy, to the address in the "Customer Service Information" box on Page 1.

3) Sign here _____ Phone number () _____